

is more considerable, the secretion is suppressed, but the inflammation gradually ceases.—*Gazette des Hôpitaux*, Oct. 26, 1847.

14. *Use of Ice in Exhausting Diseases.*—Some interesting cases are quoted in a recent number of the *Revue Médico-Chirurgicale*, from a French journal, in which ice taken internally seemed to be of great service in reviving powers fast sinking. The writer employs it in very various diseased conditions, providing these manifest the signs of intense debility. The reaction it induces may prove curative in some cases, while in others, in which this is impossible, a marked temporary amelioration of the patient's state occurs. In the cases in question there is great atony and extenuation, and an extreme aversion to any food whatever, with or without a development of heat. A number of morbid states and organic lesions, having no other points in common, may induce this condition. Iced water does not succeed anything like so well as the administration of the ice in little lumps, which by requiring time for their solution, ensure its gradual introduction. These impart great tone to the system, and revive the inclination for food in a remarkable manner.—*Prov. Med. and Surg. Journal*, Jan. 26, 1848, from *Rev. Méd.-Chir.*

15. *Enlarged Parotid cured by Tincture of Iodine.*—J. MORISON has treated successfully, he says (*Lincet*, Jan. 8th), many cases of enlarged parotid with tincture of iodine. He paints the tumour with the tincture, and also gives it internally in doses of ten minims, night and morning, in cold water.

16. *Sulphurous Baths in Asthma.*—Several papers have appeared in the *Gazette Médicale*, by M. COURTIN, on the use of sulphurous baths in asthma. They refer to that form of asthma known as spasmodic, and where there is a dilatation and hypertrophy of the air-cells. The author agrees with M. Beau in viewing asthma as arising from the production of bronchial mucus by catarrh, or as a chronic capillary bronchitis. Although admitting nervous dyspnœa as occurring, in susceptible subjects, from moral impressions, &c., and in which all the symptoms of asthma, save dyspnœa, are absent, he would deny the existence of spasmodic asthma, arising from a spasmodic constriction of the bronchi, as advanced by Cullen; but still allows that asthma may have nervous complications. The term nervous may be applied to asthma with the same signification as diarrhoea is spoken of as spasmodic. "The vitality of the bronchial mucous membrane is modified, disorder of secretion established, and an abnormal secretion poured out; moral influences, cold, change of air, or of food, will exert, in such a case, an action such as is admitted in icterus and in diarrhoea, called spasmodic—in a word, in all the secretions."

M. Courtin next inquires, whether vesicular emphysema of the lung is a primary spontaneous affection, or a consequence of disease. He does not find an explanation of the symptoms of asthma in the morbid appearances found on dissection—viz., dilatation and hypertrophy of the air-vesicles; nor does he believe that the hypothetical loss of elasticity of those cells will explain their dilatation. The hypertrophy of their walls, without previous retention, without accumulation of their contents, is equally incomprehensible, and contrary to the law presiding over the development of hollow organs. An obstacle to the course of the air in the bronchi, must then be supposed to explain the anatomical characters of emphysema or asthma, and catarrh is present in every case. Asthma is, then, analogous with capillary bronchitis, and, like it, the consequence of obstacles to the free circulation of air in the bronchi, by reason of the effused mucus; and except the febrile state, and the rapidity of the latter, the physical signs are the same in the two affections.

Having thus glanced at his pathology, we will now give a brief account of the treatment M. Courtin proposes. He advises the use of sulphurous baths, made of sulphuret of potassium, dissolved in sulphuric or hydrochloric acid; five to ten ounces of the sulphuret being used for an ordinary bath. The temperature of the bath may vary from 77° to 87°. It should be taken fasting, and, in preference, in the morning; any chill should be most carefully avoided. A bath may be used every other day, or every day at the commencement of the treatment, and when the attack is severe. It must be noted, however, that the effect of the first baths

is the production of a greater amount of dyspnoea, attributable to the moist air surrounding the patient, and to the greater pressure on the surface of the body. Sometimes, indeed, the first baths are insupportable beyond a few minutes; but by a little perseverance, the patient becomes used to them, and that so much the sooner on the occurrence of free expectoration. The author would attribute the beneficial influence of the baths to their stimulating action on the skin, their general calming property, and to a direct fumigation by the vapour. In the complications of asthma, recourse is had especially to emetics, sometimes to bleeding, and frequently to emollient cataplasms to the chest. His observations on the utility of sulphurous baths in alleviating asthma, are based, by M. Courtin, on twenty-three cases in which they have been employed. In thirteen, the greatest benefit resulted; in seven others, great amelioration; and in three only was little, or a merely passing relief, afforded; but the failure in these three instances will appear less notable, when it is stated that one of the patients had contraction of the aorta at its valves, and hypertrophy of the heart; and that another had incipient phthisis. Moreover, three of the seven but imperfectly relieved, had other chest diseases affecting them.

Other diseases of the bronchial mucous membrane, are described as rapidly cured by the remedy, and particularly common catarrh. Even in phthisis, M. Beau is said to have been successful with the sulphur-medicated baths.—*Lancet*, Jan. 29, 1848.

17. *Acetate of Lead in Tympanites*.—Dr. BADDELEY, of Chelmsford, mentions (*Lancet*, Jan. 8th) a case of temporary intestinal obstruction, with excessive lymphatic distension, in which the best effects followed the exhibition of the acetate of lead. Purgatives had failed to procure an evacuation. Vomiting supervened, with hiccup, and the coils of distended bowels could be felt through the abdomen. Feeling convinced that the symptoms depended upon a loss of tone in the muscular fibres of the alimentary canal, alum was ordered, with turpentine injections, and having failed, three grains of the acetate of lead, with one-sixth of a grain of morphia, were given every four hours. This was soon followed by the expulsion of large quantities of gas, and copious dejections. The hiccup and vomiting declined, and the man was soon convalescent.

18. *A Remarkable case of Protracted Hæmoptysis, symptomatic of Primary Disease in the Stomach, succeeded by violent Epilepsy, and the recovery of Health*.—By HENRY BURTON, M. D.—(*Proceedings of Royal Med.-Chirurg. Soc.*, Jan. 11).—The history of the case offers a good example of the co-existence of severe gastric derangement, with constant headache, copious hæmoptysis, occurring at irregular intervals during four years and three-quarters, with rigid spasm of the lower extremities, followed by the restoration of good health, after the supervention of a series of violent epileptic fits, which quickly succeeded the disappearance of the pulmonary hemorrhage.

The author, after citing the opinion of M. Andral, relating to the influence exerted by different organs on the production of congestion in the brain, and also the opinion of Dr. Copland upon the importance of tracing “the origins and relations of sympathetic and symptomatic phenomena, with reference, not merely to diagnosis, but also to prognosis and treatment,” proceeds to describe the case of an intelligent female, aged 18 years, of a spare habit, and rather under the usual height, who was admitted into St. Thomas’ Hospital on the 5th of September, 1843.

She had then been ill with symptoms referrible to the chest and abdomen for two years and a quarter, and for two years the abdominal symptoms had been complicated with copious hæmoptysis, partial loss of voice, and an almost total want of power over the lower extremities. She had been confined to her bed during the greater part of her illness, and the abdominal pain had never entirely ceased; the hæmoptysis had recurred very frequently; the uterine functions had been always regularly performed; and, with the exception of the pulmonary hemorrhage, the patient had never experienced any habitual loss of blood. Copious hæmoptysis recurred seven times after admission in forty-one weeks. The patient returned home in June, 1844, in a much better state of health than she had experienced during the three years preceding, although not entirely cured, and was re-